2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P93000019431** TRANSITIONAL HOSPITALS CORPORATION OF TAMPA, 04-26-2004 91022 025 ***150.00 INC. Principal Place of Business Mailing Address 680 SOUTH FOURTH ST 680 SOUTH FOURTH ST **STE 3300** ATTN: TAX DEPT LOUISVILLE, KY 40202-2412 US LOUISVILLE, KY 40202-2412 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 CR2E034 (10/03) Chg-P City & State City & State 4. FFI Number Applied For 59-3170069 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE SRVP Delete TITLE Addition M. Suzanne RIEDMAN GILLENWATER, JAMES H JR NAME NAME 680 S. FOURTH ST. 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 402022412 CITY-ST-ZIP LOUISVILLE, Ky YUZUZ VP TITLE Delete TITI F ☐ Change ☐ Addition WINDHORST, DAVID R NAME NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DIAZ, PAUL J NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LANDENWICH, JOSEPH L NAME NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-7IP LOUISVILLE, KY 40202 CITY-ST-ZIP T TITLE ☐ Defete TITLE NAME LECHLEITER, RICHARD A NAME 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP LOUISVILLE, KY 40202 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change ☐ Addition NAME ROBINSON, HANK NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS LOUISVILLE, KY 40202 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Hank Robinson 4/22/2004

FILED

Machment 440369

Transitional Hospitals Corporation of Tampa, Inc.

Directors

M. Suzanne Riedman

Director

Primary Address: 680 South Fourth Avenue Louisville, KY 40202

Richard A. Lechleiter

Director

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Richard E. Chapman

Director

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

OFFICERS

William M. Altman

Senior Vice President, Compliance and Government Programs

Primary Address: 680 South Fourth Avenue

Louisville, KY 40202

Pamela Athanas

Vice President, Clinical Operations, Northeast Region, Health Services Division

Primary Address: 680 South Fourth Avenue

Louisville, KY 40202

Frank J. Battafarano

President, Hospital Division

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Barbara L. Baylis

Sr. Vice President, Clinical & Residential Services; Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Gaylia B. Bond

Vice President, Human Resources, Hospital Division

Primary Address: 680 South Fourth Avenue

Louisville, KY 40202

Lane M. Bowen

President, Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Richard F. Carrico

Vice President, Internal Audit

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Richard E. Chapman

Chief Administrative and Information Officer and Senior Vice President

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Michael J. Comer

Vice President, Finance; Hospital Division, West Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Peter D. Corliss

Vice President, Human Resources; Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

R. John Cowgill

Vice President, Facilities Management

Primary Address:

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Transitional Hospitals Corporation of Tampa, Inc.

Judith A. Curtiss

Vice President, Operations; Hospital Division, South Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Paul J. Diaz

President and Chief Executive Officer

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

Stephen M. Dobler

Vice President, I/S and Administration

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

Brian D. Echard

Vice President, Business Development; Pharmacy Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

Paul R. Eiseman

Vice President, Business Development; Hospital Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

Dennis J. Ertel

Vice President, Systems Development

Primary Address:

680 South Fourth Avenue Louisville, KY 40202-2412

C. Michael Grannan

Vice President, Purchasing

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Dennis J. Hansen

Vice President, Reimbursement, Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

David G. Henderseon

Senior Vice President, Central Region, Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Gloria S. Jelinek

Vice President, Quality and Risk Mgmt, Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Donna G. Kelsey

Senior Vice President, Northeast Region, Health Services Division

Primary Address:

680 South Fourth Avenue

Louisville, KY₂40202

Hans E. Koehler

Vice President, Liability Claims

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Keith K. Krein

Chief Medical Officer and Senior Vice President; Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Susan M. Kreuser

Senior Vice President, Pacific Region, Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Mark A. Laemmle

Vice President, Corporate Finance

Primary Address:

Transitional Hospitals Corporation of Tampa, Inc.

Joseph L. Landenwich

Senior Vice President, Corporate Legal Affairs and Corporate Secretary

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Ronald C. Lazas

Vice President and Chief Counsel, Hospital Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Richard A. Lechleiter

Senior Vice President and Chief Financial Officer

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

John J. Lucchese

Vice President, Finance and Corporate Controller

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Ruth A. Lusk

Senior Vice President, East Region; Hospital Division

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Katheryn J. Markham

Vice President, Information Systems and Administration

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Kim Martin

Vice President, Risk Management

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Mark A. McCullough

President, Pharmacy Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Patricia M. McGillan

Vice President, Quality and Risk Management, Hospital Division

Primary Address: 680 South Fourth Street Louisville, KY 40202

Steven L. Monaghan

Senior Vice President, Midwest Region, Hospital Division

Primary Address: 680 South Fourth Street Louisville, KY 40202

Susan E. Moss

Vice President, Corporate Communications

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

Sean R. Muldoon, MD, MPH

Senior Vice President and Chief Clinical Officer, Hospital Division

Primary Address: 680 South Fourth Street Louisville, KY 40202-2412

James J. Novak

Senior Vice President, Southeast Region, Hospital Division

Primary Address: 680 South Fourth Street Louisville, KY 40202-2412

Scott W. Parker

Vice President, Finance; Health Services Division, South Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

David B. Pearce

Vice President and Chief Counsel; Health Services Division

Primary Address:

Transitional Hospitals Corporation of Tampa, Inc.

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M. Suzanne Riedman

Senior Vice President and General Counsel

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Donald Hank Robinson

Senior Vice President, Tax; Treasurer

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Douglas L. Roth

Vice President, Finance; Health Services Division, Pacific Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Arthur L. Rothgerber

Senior Vice President, Reimbursement

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Traci K. Shelton

Vice President, Operations, West Region, Hospital Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202_

Marion R. Sodergren

Vice President, Clinical Operations, Pacific Region, Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Richard H. Starke

Senior Vice President, Kindred Rehab Services, Health Services Division

Primary Address:

680 South Fourth Avenue

Louisville, KY 40202

David R. Stordy

Senior Vice President, South Region, Health Services Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Berard E. Tomassetti

Vice President, Finance; Pharmacy Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

T. Stephen Turner

Senior Vice President, Strategic Planning & Business Development, Hospital Division

Primary Address: 680 South Fourth Street Louisville, KY 40202-2412

Joseph K. Wainscott

Vice President, Finance; Health Services Division, Central Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Charles H. Wardrip

Vice President, I/S Operations and Telecommunications

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Joseph F. Weglarz

Vice President, Finance; Health Services Division, Northeast Region

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

Robert G. Weir

Vice President, Operations, Pharmacy Division

Primary Address:

680 South Fourth Avenue Louisville, KY 40202

680 South Fourth Street

Anthony P. Whitehead

Senior Vice President, Finance; Hospital Division

Primary

Address:

Louisville, KY 40202-2412

Transitional Hospitals Corporation of Tampa, Inc.

Affachment 44036926

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David R. Windhorst

Vice President, Financial Systems Development

Primary Address: